



MaineCare Services
An Office of the
Department of Health and Human Services

Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

Primary Care Case Management Referral Request

Type or print clearly to create your request:

REF

Fax Date: _____ Submitter Name: _____

Submitter Telephone #: _____ Submitter Fax #: _____

Submitting Provider Return Address: _____

Section 1: (See instructions on attached page)

1. Refer From:

a. PCP Pay-To Name & NPI

b. PCP Rendering Name & NPI

2. Member Name, MaineCare ID#

& DOB

3. Referral Dates (unless specified, referral is entered for 6 months)

From

To

4. Diagnosis Code (ICD-9)

Principal

5. Number of Referral Visits (unless specified, 3 visits will be entered)

6. Refer To:

a. Pay-To Name & NPI

b. Rendering Name & NPI

Section 2:

Refer to Provider phone# _____

Reason for Referral- A choice from the list below is required. Please select the most appropriate reason from the list:

_____ Single consultation visit or opinion

_____ Single visit for treatment

_____ Surgery/ Admit to hospital

_____ Durable Medical Equipment

_____ PT _____ OT _____ Speech

_____ Other (please describe below)

Enter Other description here:

Enter any Additional Referral Details or Limitations here:

Other than mailing or faxing this form; copies should be made and distributed as such – **PCP, Referral Provider and Member**
Fax #: 1-866-598-3963:

Disclaimer:

The submission of this request is not a guarantee that:

- A. The service is a covered MaineCare service;
- B. The Member will be eligible for MaineCare at the time of service; or
- C. The service has received a Prior Authorization from the Department, if required.



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INSTRUCTIONS:

All items marked as **REQUIRED** or **SITUATIONAL** may cause a referral to be returned if not filled out accurately. Please contact Provider Services for additional help in completing this form or for instructions to submit via the portal.

Section 1:

1- Refer From:

- a. Enter PCP Pay-To Name along with the 10-digit NPI – **REQUIRED**
- b. Enter PCP Rendering Provider Name along with the 10-digit NPI – **REQUIRED**
if the Pay-To has no rendering providers, please enter the Pay-To NPI

2- Enter Member's Name, Member's MaineCare ID number and Date of Birth – **REQUIRED**

3- Enter the Referral Dates, or span of dates, that services will be provided for the referral request – If this is not completed, a 6-month date span will be entered with the receive date being the begin date of the referral

4- Enter a Principal Diagnosis for the referral. This must be a corresponding ICD-9 code – **REQUIRED**

5- Enter Number of Referral Visits – If this is not completed, 3 visits will be entered

6- Refer To:

- a. Enter the Pay-To Name along with the 10-digit NPI of the Provider who will provide the managed service – **REQUIRED**
- b. Enter the name of the Rendering Provider along with the 10-digit NPI of the Provider who will provide the managed service – **REQUIRED**
if the Pay-To has no rendering providers, please enter the Pay-To NPI

Section 2:

- Choose a Reason for Referral – **REQUIRED**
- If "Other" is chosen for Reason of Referral, then a description is needed – **SITUATIONAL**
- Additional Referral Details or Limitations for the request may be entered – **SITUATIONAL**

Submitted requests can be found on the provider portal at <https://mainecare.maine.gov>. The portal also offers references to policy.

All NPI information can be found at the CMS NPI Registry page at:

<https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do>

Mail to: PA/Referral Unit, Office of MaineCare Services, 11 State House Station, Augusta, ME 04333

Fax #: 1-866-598-3963

For questions, please call Provider Services at **1-866-690-5585**